

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

06

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		112871.46
(b) Cash on Hand at Beginning of Reporting Period	83372.56	
(c) Total Receipts (from Line 19)	78055.86	345342.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	161428.42	458214.39
7. Total Disbursements (from Line 31)	64988.22	361774.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96440.20	96440.20
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	72812.98	318140.72
(i) Itemized (use Schedule A)		
(ii) Unitemized	3242.88	22702.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	76055.86	340842.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	76055.86	343342.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	78055.86	345342.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78055.86	345342.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1488.22	4974.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1488.22	4974.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	353050.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3750.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	64988.22	361774.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64988.22	361774.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	76055.86	343342.93
34. Total Contribution Refunds (from Line 28(d))	0.00	3750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76055.86	339592.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1488.22	4974.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1488.22	4974.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hollie Adams

Mailing Address 2759 County Road 1490

City State Zip Code
Center TX 75935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Acres of Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422830

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Brad B Bedell

Mailing Address PO Box 1210
731 North Main

City State Zip Code
Sikeston MO 63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Managem-
ent

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418725

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Don C. C Bedell

Mailing Address 731 North Main Street
PO Box 1210

City State Zip Code
Sikeston MO 63801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Mgmt Co-
rp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418726

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C419023

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422847

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City

Sioux City

State

IA

Zip Code

51106-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Center Mgmt Co

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418727

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John D Brammeier

Mailing Address 32 Desert Willow Lane

City

Littleton

State

CO

Zip Code

80127-3549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinion Management, Inc.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C421786

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Christopher R. Bryson

Mailing Address 1626 Jeurgens Court

City

Norcross

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHS-Pruitt Corporation,
Inc.

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418728

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Jill Capela

Mailing Address 1101 S. Capital of TX Hwy
Bldg. G

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONR Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C421771

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jim A Carlson

Mailing Address 11740 SW 68th Parkway
Suite 250

City State Zip Code
Portland OR 97223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health Care Associ-
ation

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418750

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Roch Carter

Mailing Address 111 W Michigan St

City State Zip Code
Milwaukee WI 53203-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unicare Health Facilities

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: C419821

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
Westlake Village CA 91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C423152

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Chase

Mailing Address 5374 Long Shadow Ct

City

Westlake Village

State

CA

Zip Code

91362-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C423151

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City

Coon Rapids

State

MN

Zip Code

55433-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health System-
Cambridge

Occupation
VP, Long Term Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418729

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Gail Clarkson

Mailing Address 1387 Club Drive

City

Bloomfield Hills

State

MI

Zip Code

48302-0823

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medilodge Group

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: C419888

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jonathan P Dolan

Mailing Address 236 Metro Drive

City

Jefferson City

State

MO

Zip Code

65109-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Health Care Asso-
ciation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422833

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Duncan

Mailing Address PO Box 308
1605 Sunset Boulevard

City

Mound City

State

MO

Zip Code

64470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tiffany Care Centers

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422844

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Dunn

Mailing Address 870 Bexley Ave

City

Marion

State

OH

Zip Code

43302-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Manor Nursing Hm
Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: C420207

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Fonda Elliot

Mailing Address 240 Capitol St
Ste 500

City State Zip Code
 Charleston WV 25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 9 / 2 0 0 8

Transaction ID: C422552

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

John Elliot

Mailing Address 240 Capitol Street
Suite 500

City State Zip Code
 Charleston WV 25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM Inc

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 9 / 2 0 0 8

Transaction ID: C422551

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City State Zip Code
 Falls Church VA 22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.81

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 8

Transaction ID: C419026

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

10019.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.81

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422850

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

James Gomez

Mailing Address 2201 K Street

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
Facilities

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418730

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Don Gormly

Mailing Address 1685 Shaffer Rd

City

Atwater

State

CA

Zip Code

95301-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anberry Rehab Hosp

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418731

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1519.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Beverly Hagood

Mailing Address 403 Dundee

City

Texarkana

State

AR

Zip Code

71854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Pleasant Healthcare

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422831

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C419029

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422852

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Eric Holland

Mailing Address 1677 Highway 9 North

City

Pontotoc

State

MS

Zip Code

38865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunshine Health Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C421973

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.16

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C419032

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.16

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422855

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

1079.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Todd Mackenzie

Mailing Address 555 Round Rock West
#390

City State Zip Code
Round Rock TX 78681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Remington Medical Resort
of San Antonio

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418732

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Michael McBride

Mailing Address 101 Grace Dr

City State Zip Code
Easley SC 29640-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resources

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418733

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 209 N Beaver St

City State Zip Code
York PA 17401-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmac Corp

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: C420200

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michaela Miller

Mailing Address 20023 SW Corrine Street

City

Beaverton

State

OR

Zip Code

97007-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avamere Health Services

Occupation

Shareholder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418737

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 3611 Glenfield Ct

City

Louisville

State

KY

Zip Code

40241-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Ventures

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418734

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rick Miller

Mailing Address 25117 SW Parkway Avenue
Suite F

City

Wilsonville

State

OR

Zip Code

97070-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avamere Health Services,
NC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418736

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 3594 East US Highway 30

City

Warsaw

State

IN

Zip Code

46580-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMM Invest Inc

Occupation
CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418735

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Greg Moore

Mailing Address 139 Ware

City

Buda

State

TX

Zip Code

78610

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRISUN

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: C419816

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ned Morse

Mailing Address Massachusetts Extended Care Federa
2310 Washington Street

City

Newton Lower Falls

State

MA

Zip Code

02462-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer
MA Extended Care Federati-
on

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Transaction ID: C418949

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 38

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay Moskowitz

Mailing Address 2932 Fenton Street

City

Wheat Ridge

State

CO

Zip Code

80214-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Life Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418738

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City

Westlake Village

State

CA

Zip Code

91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C423153

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Timothy F Nicholson

Mailing Address 304 Gilbert Road

City

Dillsburg

State

PA

Zip Code

17019-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lyric Health Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: C419815

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sr. Director of Congressi-
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C419030

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sr. Director of Congressi-
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422853

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Charles Perry

Mailing Address Nevada Health Care Association
4550 West Oakey Boulevard

City

Las Vegas

State

NV

Zip Code

89102-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Health Care Assn.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418740

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Neil L. Pruitt, Jr.

Mailing Address UHS-Pruitt Corporation, Inc.
1626 Jeurgens CourtCity State Zip Code
Norcross GA 30093FEC ID number of contributing
federal political committee.**C**Name of Employer
UHS-Pruitt Corporation,
Inc.Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

Transaction ID: C418742

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Cheryl Rapp

Mailing Address 4001 Pons Court

City State Zip Code
Pleasanton CA 94566FEC ID number of contributing
federal political committee.**C**Name of Employer
CARREIOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	8

Transaction ID: C419813

Amount of Each Receipt this Period

3750.00

C.

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Bld
Suite 280City State Zip Code
Corona Del Mar CA 92625FEC ID number of contributing
federal political committee.**C**Name of Employer
SR Management Svcs. Inc.Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	8

Transaction ID: C419203

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas G. Rau

Mailing Address 10503 Citation Drive

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexcare Health Systems,
LLC

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: C419200

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Stephen Reissman

Mailing Address 5120 W Goldleaf Circle
Suite 400

City

Los Angeles

State

CA

Zip Code

90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 8

Transaction ID: C419820

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Frank Romano

Mailing Address 57 Summer Street

City

Rowley

State

MA

Zip Code

01969-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essex Group

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418743

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Angelo S. Rotella

Mailing Address Friendly Home
303 Rhodes Avenue

City Woonsocket State RI Zip Code 02895-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friendly Home Inc

Occupation
President/Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: C419814

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Lane

City New Rochelle State NY Zip Code 10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C421772

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Lee Samson

Mailing Address 9200 Sunset Boulevard
Suite 1100

City West Hollywood State CA Zip Code 90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
SNF Management/ Windsor

Occupation
President/ CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418744

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Sbriglio, MD, MPH, NHA

Mailing Address Ryders Health Management
88 Ryders LandingCity State Zip Code
Stratford CT 06614-1666FEC ID number of contributing
federal political committee.**C**Name of Employer
Ryders Health ManagementOccupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: C419882

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association
2329 Wisconsin Street NECity State Zip Code
Albuquerque NM 87110FEC ID number of contributing
federal political committee.**C**Name of Employer
New Mexico Health Care As-
sociationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	8

Transaction ID: C422549

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Kennon Shea

Mailing Address 1810 Gillespie Way
Suite 212City State Zip Code
El Cajon CA 92020-0921FEC ID number of contributing
federal political committee.**C**Name of Employer
Kennon S. Shea and Associ-
atesOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	0	8

Transaction ID: C418746

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C419035

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: C422858

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Brad Stebbins

Mailing Address 600 E Whaley St

City

Longview

State

TX

Zip Code

75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C423265

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1288.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Sylvester

Mailing Address 411 North Dillard Street

City

Winter Garden

State

FL

Zip Code

34787-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central Park

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418747

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City

Lebanon

State

TN

Zip Code

37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418748

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Jerry R. Tretwold

Mailing Address PO Box 829

City

Brewster

State

WA

Zip Code

98812-0829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harmony House Health Care
Center

Occupation
Owner/ Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: C419880

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Glenn Van Ekeren

Mailing Address Vetter Health Services, Inc.
5020 South 118th Street

City State Zip Code
Omaha NE 68137-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health Services

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: C419198

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jack Vetter

Mailing Address 5020 South 118th Street

City State Zip Code
Omaha NE 68137-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: C420203

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: C419884

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James R. Westbury, Sr.

Mailing Address 922 McDonough Road

City

Jackson

State

GA

Zip Code

30233-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbury Medical Care Home
Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: C419022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dennis W. Wheeler

Mailing Address PO Box 1545

City

Mount Pleasant

State

SC

Zip Code

29465-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Baye Healthcare

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: C418749

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

J. Michael Williams

Mailing Address 5057 Troy Rd

City

Springfield

State

OH

Zip Code

45502-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADCARE

Occupation
Executive VP/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: C423246

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

72812.98

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 38

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NIKI TSONGAS COMMITTEE, THE

Mailing Address PO Box 1454

City

Lowell

State

MA

Zip Code

01853

FEC ID number of contributing
federal political committee.**C** C00433136

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Transaction ID: C419015

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61864

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

1246.42

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61863

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

241.80

SUBTOTAL of Disbursements This Page (optional)

1488.22

TOTAL This Period (last page this line number only)

1488.22

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 38

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) ANDRE CARSON FOR CONGRESS	Transaction ID: D61287 Date of Disbursement
Mailing Address 2527 North Alabama Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 8</div> </div>
City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>4000.00</div>
Candidate Name Andre Carson	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BRIDGE PAC	Transaction ID: D61417 Date of Disbursement
Mailing Address 499 S Capitol St SW Ste 412	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003-4009	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Committees	<div>2500.00</div>
Candidate Name BRIDGE PAC	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Buyer for Congress Committee	Transaction ID: D61290 Date of Disbursement
Mailing Address 103 W Broadway St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 8</div> </div>
City Monticello State IN Zip Code 47960-2110	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>4000.00</div>
Candidate Name Rep. Steve Buyer	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 38

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DAKPAC

Mailing Address 607 14th Street NW Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
DAKPAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D61527

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Mark Warner

Mailing Address 201 North Union Suite 350

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mark Warner

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: D61424

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Jeb Bradley For Congress

Mailing Address 645 S Main St

City
Wolfeboro

State
NH

Zip Code
03894-4419

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Jeb Bradley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: D61482

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeb Bradley For Congress

Mailing Address 645 S Main St

City
Wolfeboro

State
NH

Zip Code
03894-4419

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Jeb Bradley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: D61529

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JIM RISCH FOR US SENATE COMMITTEE

Mailing Address 407 W JEFFERSON STREET

City
Boise

State
ID

Zip Code
83702

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Jim Risch

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Transaction ID: D61479

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

KURT SCHRADER FOR CONGRESS

Mailing Address 2525 N BAKER DR

City
Canby

State
OR

Zip Code
97013

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Kurt Schrader

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D61477

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
National Republican Congressional Committee

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D61418

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

7500.00

B. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Dave Camp

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D61483

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS

Mailing Address P.O.Box 1457

City Iowa City State IA Zip Code 52244-1457

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Dave Loebsack

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: D61478

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HOBSON FOR CONGRESS

Mailing Address 82 WEST COLUMBIA STREET

City
SPRINGFIELD

State
OH

Zip Code
45502

Purpose of Disbursement
Voided transaction

Candidate Name
Rep. David Hobson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: D61322

Date of Disbursement

05 / 06 / 2008

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Matheson for Congress

Mailing Address 677 So. 200 West Suite A

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Matheson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: D61282

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961

City
South Bend

State
IN

Zip Code
46634

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Donnelly

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: D61286

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

4750.00

SUBTOTAL of Disbursements This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road

City State Zip Code
Louisville KY 40206

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: D61285

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

4500.00

B.

Full Name (Last, First, Middle Initial)

ABERCROMBIE FOR CONGRESS

Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005

City State Zip Code
Honolulu HI 96814

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Neil Abercrombie

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 01

Transaction ID: D61481

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

NIKI TSONGAS COMMITTEE, THE

Mailing Address PO Box 1454

City State Zip Code
Lowell MA 01853

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Niki Tsongas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 05

Transaction ID: D61414

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City
ERIE

State
PA

Zip Code
16507

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Philip S. English

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: D61480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard E. Neal for Congress

Mailing Address 76 Magnolia Ter

City
Springfield

State
MA

Zip Code
01108-2533

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Richard E. Neal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D61415

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

SEARCHLIGHT LEADERSHIP FUND

Mailing Address 422 C Street NE Lower level
Lower level

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name
SEARCHLIGHT LEADERSHIP FUND

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D61284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JOHN KERRY FOR SENATE

Mailing Address 10 G STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. John F. Kerry

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: D61416

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City
BISMARCK

State
ND

Zip Code
58502

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Kent Conrad

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D61528

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

3750.00

C.

Full Name (Last, First, Middle Initial)

COLEMAN FOR SENATE 08

Mailing Address 7300 HUDSON BLVD SUITE 270A

City
ST PAUL

State
MN

Zip Code
55128

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Norm Coleman

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: D61291

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9750.00

TOTAL This Period (last page this line number only)

63500.00